

Secondary Amenorrhoea and Homoeopathic approach - A Review of Case Studies



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Abstract

The term *Amenorrhoea* means absence of menstruation. *Secondary amenorrhoea* is defined as absence of menses for more than 3 months in a woman with history of regular menstrual cycles or 6 months in a woman with irregular menstrual cycles. It is the most common clinical condition found in females of reproductive age group. This article outlines the aetiology, clinical features, diagnosis and management of secondary amenorrhoea. An effort has been made to collect various evidence of effective homoeopathic management of cases of secondary amenorrhoea from studies in the past through review of literature concerned with the subject.

Keywords: Secondary amenorrhoea, Amenorrhoea, Homoeopathy, Socioeconomic Status, Ovulation, Oligoamenorrhoea

Introduction :

The term *amenorrhoea* means absence of menstruation. It is the most common clinical condition encountered in the reproductive age group females. Amenorrhoea is of different types depending upon the underlying cause like physiological or pathological, primary or secondary. *Physiological amenorrhoea* occurs during pregnancy and lactation (breast feeding). *Pathological amenorrhoea* occurs due to a variety of reasons related to some pathology in the body.

Primary amenorrhoea refers to failure of onset of menses beyond the age of 16 yrs, regardless of development of secondary sexual characters. *Secondary amenorrhoea* is defined as absence of menses for more than 3 months in a woman with history of regular menstrual cycles or 6 months in a woman with irregular menstrual cycles.

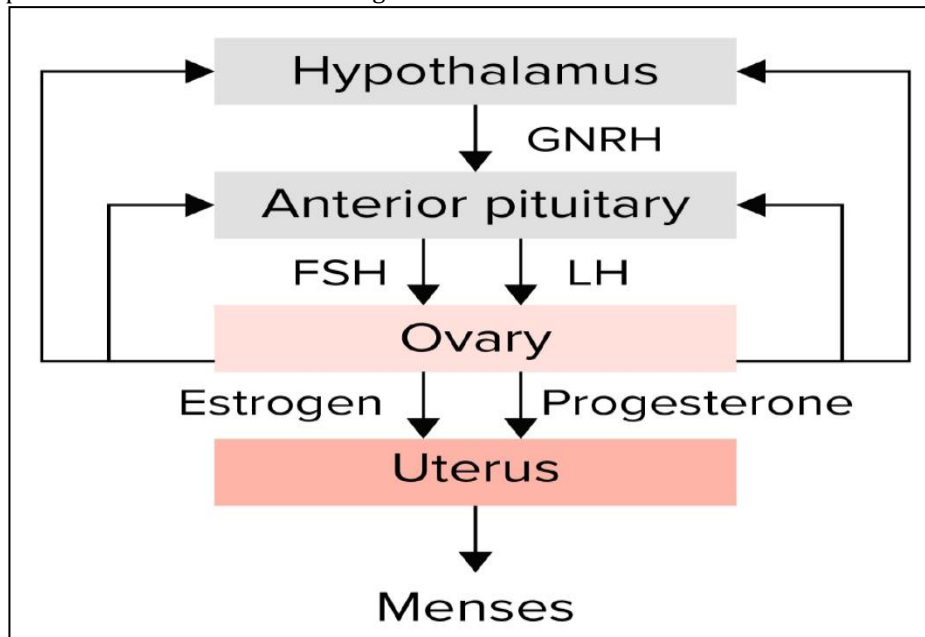
Prevalence

Studies suggest a prevalence of 2-5% in general population of reproductive age group women according to scienceDirect.com. Prevalence can vary depending upon factors like socioeconomic status, lifestyle and underlying medical conditions. About 44% females involved in intense exercise (athletes) experience secondary amenorrhoea. There is a prevalence of 4.6% for women aged 15-24 yrs, 7.6% for women aged 25-34 yrs and 3.7% for women aged 35-44 yrs.

Pathophysiology

Normal menstrual cycle is under the control of hormones secreted by hypothalamus, pituitary gland and ovary generally known as hypothalamo-pituitary- ovarian axis. It is a crucial feedback

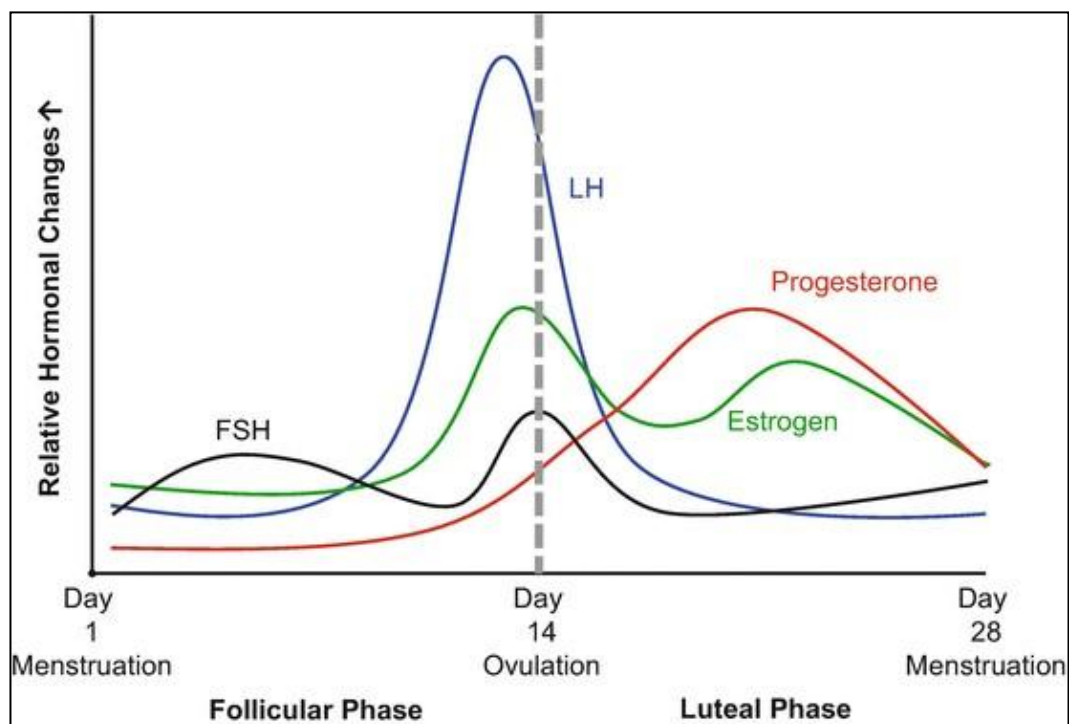
mechanism responsible for menstrual bleeding to occur.



Menstrual cycle is divided into four phases:

- Menstrual phase – the phase begins with the onset of menstrual bleeding, lasting for 3-5 days. During this time, the endometrium of the uterus is shed off.
- Follicular phase – the phase start with the end of menstrual bleeding and continue until ovulation. During this time ovaries are prepared for ovulation by developing a follicle containing egg.

- Ovulation – there is release of developing egg from the ovary around 14th day of a typical 28 days menstrual cycle.
- Luteal phase – the phase begin after release of egg and continue until next menstrual period. If there is no fertilization, uterine endometrium again shed off leading to start of next menstrual period.



- Estrogen – estrogen level rise during the follicular phase. It stimulates the growth and development of uterine endometrium.

- Leutinizing hormone – LH helps to control the menstrual cycle by stimulating the growth of

ovarian follicle and trigger the release of egg from the follicle.

- Progesterone – progesterone level rise after ovulation. It is responsible for further thickening of uterine endometrium and prepares it for implantation.

- Follicular stimulating hormone – FSH stimulate the ovarian follicle which promote the growth of ovum within it until its maturation and then help in the process of ovulation.

Any disruption in the rhythmic flow of these hormones results in amenorrhoea.

Aetiology

Secondary amenorrhoea may occur for a variety of reasons including three physiological reasons pregnancy, lactation and menopause.

- Hormonal factors

PCOS

Thyroid malfunction

Pituitary tumour

Cushing syndrome

Adrenal hyperplasia

Hyperprolactinemia

Empty sella syndrome

Kallman syndrome

- Lifestyle disorders

Low body weight

Obesity

Excessive exercise

Mental stress

- Medication

Antipsychotics

Antidepressants

Antihypertensives

Blood sugar regulators

Oral contraceptives

Cancer chemotherapy.

- Pathologies of sexual organs

Uterine scarring after D&C (Asherman's syndrome)

Caesarian section

Surgery for uterine fibroid.

- Premature menopause

- General diseases

Malnutrition

Tuberculosis

Diabetes mellitus

Clinical feature

The symptom of prime importance is amenorrhoea. Other symptoms vary person to person depending upon the underlying possible cause.

- Excessive hairgrowth (hirsutism)

- Acne

- weight gain

- difficulty in conceiving

- fatigue, bone weakness

- dry skin, hair loss

- change of nail color, shape and growth

- Headache, Vision changes,

- milky discharge from nipple

- hot flushes,

- mood changes

- pelvic pain

Diagnosis

Diagnosis is made on the basis of history, signs and symptoms and physical examination of the patient.

History

Patient should be asked for her dietary habits, substance abuse, home/ school situation/ psychological issue, routine physical work, hot flushes, breast atrophy, galactorrhoea, postpartum haemorrhage, uterine surgery.

Physical examination – physical examination should begin with vital signs including height, weight of the patient, breast development, breast atrophy, secondary sexual characteristics, genital anomalies etc.

Laboratory test

- Beta- HCG - for pregnancy

- TFT – for thyroid dysfunction

- Prolactin – for hyperprolactinemia

- FSH, LH, estradiol – for ovarian function

- Androgen – for hyperandrogenism

- Progesterone challenge test – to determine estrogen level and a normal outflow tract (uterus and vagina).

Imaging

- Pelvic ultrasound – for uterine and ovarian evaluation.

- MRI brain – to detect pituitary cause if any.

Treatment

Treatment of secondary amenorrhoea focuses on addressing the underlying cause and restoring normal menstrual cycles. Treatment plans should be tailored to the individual woman's needs and circumstances.

Lifestyle modifications

- Weight management by balanced diet and exercise plan.

- Stress management by yoga, meditation and counseling.

- Moderate level of physical activity for overall health.

Hormonal therapy

- oral contraceptives

- Hormone replacement therapy

- Dopamine agonist

Surgical intervention

- Hysteroscopic resection for Asherman's syndrome
- Pituitary tumour removal

Homoeopathic approach

Homoeopathic mode of treatment is the way of treating human being in holistic manner. In this mode of treatment totality of symptoms are to be taken into consideration for selecting medicine for an individual. Totality of symptoms means the specific complex of physical, mental and particular characteristics of the patient. This "Totality" helps us to come up with a list of closely related medicines applicable to the case. These medicines are further referred in the Homoeopathic Materia Medica and the final selection of medicine is made on the basis of principles of homoeopathy as given in the organon of medicine.

Medicines selected this way leads to strengthen the immune system, improve the mental and physical health of the patient thus improves the quality of life. Also homoeopathic medicines help to cure the cause and complications of the disease.

Homoeopathic medicines have great action over the ailments related to female reproductive system as evidenced by various case studies.

Review of case studies:

- **Kumari Dr. Manisha, Kumar Dr. Nitesh; Homoeopathic Approach In Secondary Amenorrhoea – A Case Report; Heritage September issue 2022 pages 94-97.**

In this hectic life, women often suffer from different kind of menstrual problems. Among these one of the most common problems which gynaecologist encounter is secondary amenorrhoea in different age groups. According to homoeopathy, menses can be suppressed in an individual due to any mental or physical reasons. There are lots of homoeopathic medicines mentioned in homoeopathic materia medica which proved to be very effective in cases of secondary amenorrhoea.

Diseases of female reproductive system are one of the greatest challenges for modern medicine. Menstrual irregularities as one of the most frequent gynaecological complaints can affect the several aspects of women's health including their physical, mental, and social health. The case study in the article shows homeopathy is effective in case of Secondary amenorrhoea, if we prescribe the medicine on the basis of totality of symptoms.

- **Dr. Sneha; Clinical Trial Of Homoeopathy To Manage Secondary Amenorrhoea; International Journal Of Science And Research SJIF(2022).**

The objective of the study is to determine the role of Homoeopathy in managing cases of Secondary

amenorrhoea by individualizing every case through proper Case taking and prescribe medicine on the basis of symptom -similarity. Result: Out of 50 patients, 74% (37 cases) showed marked/moderate improvement. Only a small proportion of case i. e., 26% (13 cases) showed mild/no improvement after prescribing Homoeopathic medicine. Affectability of Homoeopathy in managing cases of Secondary amenorrhoea is found statistically significant using Paired T - test at confidence level 95%. Conclusion: This study has shown the efficacy of Homoeopathy in managing cases of Secondary amenorrhoea and has a statistically significant impact on the improvement of patient's complaints.

- **Juneja R, Singh P; Amenorrhoea & Homoeopathy – A Case Report; Tania University Journal of Homoeopathy and Medical Science.**

The article presents a case study of 18 yrs old girl suffering with amenorrhoea. The homoeopathic medicine was prescribed on the basis of totality of symptoms which leads to improvement in the symptoms as and the quality of life of the patient.

- **P cardigno Homoeopathy For Treatment Of Menstrual Irregularities A Case series 2009 Apr;98(2):97-106. doi: 10.1016/j.homp.2009.01.004.**

There is a case study to evaluate the usefulness of homeopathic treatment in the care of menstrual irregularities like secondary amenorrhoea (SA), oligoamenorrhoea (OL-AM). All patients were prescribed an individualised, global homeopathic treatment. The main outcomes were: time to resumption of periods, change of clinical diagnosis at the end of follow-up or after 2 years. The secondary outcomes were: menstrual regularity at the end of follow-up, compared to pre-treatment frequency; flow characteristics; clinical course of acute and chronic concomitant symptoms.

- **The Efficacy of Homoeopathic Medicines in Treatment of Amenorrhoea. Tarsem Lal Garg Tania University Journal of Homoeopathy and Medical Science.**

Amenorrhoea is absence of a woman's menstrual period while she is in her reproductive years. Amenorrhea can be healthy and natural. During pregnancy, menstruation stops. It also ceases for many women while they are breastfeeding. It may be Physiological or Pathological. Curing a disease by means of Homoeopathy will mean to find out a Similimum for every particular individual case. Methodology: This study was an interventional study without control group. Inclusion Criteria: Patients who have amenorrhoea are included. Exclusion Criteria: Patients who had advanced pathology & cases with complication are excluded. Result & Conclusion: The study shows that out of 50 cases, incidence of amenorrhoea is found more in

Primary Amenorrhoea 28 (56%) and in Secondary Amenorrhoea 22 (44%). The incidence of amenorrhoea is found more in unmarried 36 (72%) as compared to married 14 (28%). Out of 50 cases, Pulsatilla were given to 8 (16%), Apis to 7 (14%) cases, Actea & Cal.carb to 6 (12%), Cyclamen to 5 (10%), Ferrum met., Sepia & Sulphur to 4(8%) each and Aco. & Lyco to 3 (6%) cases. The results are made on the effect of selected medicine, out of which 39 (78%) cases are improved and 11 (22%) not improved. This study concludes that homoeopathic medicine play effective role in case of amenorrhoea.

Reportorial study

Study of various repertories reveal the presence of many medicines under the rubric Amenorrhoea in different grades. Many subrubrics are given under the rubric Amenorrhoea which can be used as indicative guide for the symptoms of secondary Amenorrhoea.

Rubrics in Synthesis repertory

- Menses absent (amenorrhoea)

- feeble women, in : *Ars, Sep*
- girls in : *apoc, aqui, cortico, cortisol, hep, polyg-h, thala, x-ray*
- grief, from : *ign*
- hysterical women, in : *Cypr, Sil*
- long period : *wies*
- milk in mammae, with : *phos, Rhus-t*
- nervous women, in : *ars, ter*
- plethoric women, in : *Calc, Petros*
- psoric women, in : *psor*
- sexual desire , without : *Helon*
- strain, after psychal and physical : *hypoth*

Rubrics in murphy's repertory

AMENORRHEA

girls, in young : *ign*, x-ray
 milk in breast, with : *puls, rhus-t*
 sexual, desire absent : *helon, sep*
 strain, after psychal and physical : *hypoth, ign*
 women in : *ars, bar-c, calc, cypr, ign, petros, psor, puls, SEP, sil, sulph*
 feeble : *ars, IGN, SEP*
 hysterical : *cypr, ign, sil*
 plethoric : *CALC, petros*
 psoric : *psor, sulph*
 scrofulous : *bar-c, sulph*

Conclusion

Secondary amenorrhoea is a major symptom which is associated with so many diseases and syndromes. This article focuses primarily on reviewing the literature related to secondary amenorrhoea including its aetiology, clinical features, diagnosis and treatment. There were

several evidences found in the history that homoeopathic medicines are effective in the treatment of secondary amenorrhoea. homoeopathy plays of major role in curing amenorrhoea as the patient needs a holistic treatment which cures mental as well as physical complaints of the patient. The selection of homoeopathic medicine is based upon the theory of symptoms similarity and individualization. The aim of homoeopathic treatment is not only to cure amenorrhoea but to address its underlying causes. This is the only way of treatment through which a state of complete health can be attained.

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